

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am 2-9-77</i>		
O.I.P.E. CLASSIFIER	<i>fl</i>	<i>19</i>	<i>8/9</i>
FORMALITY REVIEW		<i>732</i>	<i>09-12-01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled                      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	<i>3/22/03</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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*101*  
*29/12/01*